

PARENT & PARTICIPANT INFORMATION

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| Young lady's (Participant) Name: | |
| Parent(s) First and Last Name: | |
| Parent(s) Home Phone: | |
| Parent(s) Mobile Phone: | Mom: Dad: |
| Email Address (family): | |
| Home Address Street, City, State, Zip (family): | |
| 2 nd Emergency Contact Person (not parent) and Phone Number: | |
| Persons authorized to pick up participating young lady (other than parent): | |
| THREE words that describe your daughter: | |
| Does your young lady have a bank account? <i>(Not the account number or bank name.)</i> | Check one <input type="checkbox"/> yes <input type="checkbox"/> no If yes, it is a <input type="checkbox"/> savings <input type="checkbox"/> checking <input type="checkbox"/> savings & checking account. How often does she visit the bank? <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> rarely |

HEALTH INFORMATION & GENERAL RELEASE

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| Does the participant have health insurance? | Check one <input type="checkbox"/> yes <input type="checkbox"/> no |
| Name of participant's /family's Health Insurance Provider: | |
| Insurance Plan or Group Number: and Expiration Date: | |
| Are the young lady's vaccinations current? | Check one <input type="checkbox"/> yes <input type="checkbox"/> no |
| Does the participant have any allergies (food, environmental, etc)? | List here: |
| Does the participant have any <i>special needs</i> or <i>abilities</i> ? <i>(hearing aid, dyslexia, ADD, gifted, etc.)</i> | List here: Have a IEP? <input type="checkbox"/> yes <input type="checkbox"/> no |
| I certify that the information on this form is accurate and up-to-date. | SIGNATURE: DATE: |
| In case of an emergency, I give permission to She-EO, LLC to give immediate attention and seek medical treatment for my daughter. | SIGNATURE: DATE: |
| I/we hold harmless She-EO, LLC and its agents or employees, for injuries occurring to my daughter whose name is mentioned in this document during She-EO, LLC programs. | SIGNATURE: DATE: |



PHOTO AND VIDEO RELEASE WAIVER

I grant permission to She-EO LLC, and its agents or employees, to use photographs and images taken of _____ (minor child), while participating in programs sponsored by She-EO LLC. She-EO LLC agrees to take precautions to avoid misrepresentation of the girl's image or messaging according to the company Code of Care. These photographs and images may be used in publications such as brochures, newsletters, newspaper articles, newspaper ads, magazines, and on display boards and electronic media such as web sites or social discussion boards (example: SheEOacademy.com, Facebook, YouTube, etc).

I hereby waive any right to inspect or approve the finished photographs or printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photograph.

I hereby agree to release and hold harmless She-EO LLC, and its agents or employees, including any firm hired to publish and/or distribute the finished product in whole or in part, whether on paper or via electronic media, from and against any claims, damages or liability arising from or related to the use of photographs, including but not limited to any misuse, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur or be produced in taking, processing, reduction or production of the finished product, its publication or distribution.

I am the legal guardian for the abovementioned child. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release.

SIGNATURE: _____

DATE: _____

SUPERVISED WALKING ACTIVITIES/FIELD TRIPS

I grant permission to She-EO LLC, and its agents or employees, to escort my child on supervised walking camp/ class activities or field trips outside and away from the classroom/ building.

SIGNATURE: _____

DATE: _____